



DECLARATION

DECLARATION FROM THE GP SUMMIT AUSTRALIAN GENERAL PRACTICE AT RISK?

Australia has had an outstanding health system underpinned by the dedication and commitment of our general practitioners. For many Australians however, access to this quality health care is under increasing threat.

General practice is significantly under resourced. In many parts of Australia it is no longer possible to operate a sustainable health service to provide essential health care for the community.

The four peak groups representing the general practitioners in this country, after consultation with consumers and other key health organisations have identified long term practical and essential reforms that will maintain and continue to improve standards, and ensure timely access to a quality health service. Without implementation of these reforms the standard of health care delivery in Australia will inevitably decline.

As a matter of urgency GPRG calls upon all levels of Government to support general practice by progressing the reforms identified at the September 2003 GP Summit which focus on: -

- Quality care;
- Adequate GP numbers to ensure timely access to health care;
- Appropriate resourcing of general practice;
- A strengthened national approach to indigenous health care; and
- The establishment of a long term sustainable “National Primary Health Care Policy” in consultation with the profession, to provide vision into the future, and a certainty of future direction for those both currently in practice and those considering becoming general practitioners.

Australians and their GPs care deeply about high quality and accessible health care. We call upon the community and all health care professionals to work with us to achieve these reforms.



GP SUMMIT

12 and 13 September 2003, Canberra

AGREED JOINT ACTIONS – ADGP, AMA, RACGP, RDA

1. Encourage GPs, the community and government to acknowledge the excellence of the work currently undertaken by GPs under difficult circumstances.
2. Promote the core value of general practice both to the community, and to potential future trainees with a view to increasing both the attraction and future retention of these doctors to general practice.
3. Enable general practice to keep its doors open to patients, by empowering it to determine and charge appropriate fees for quality services.
4. Seek provision of strengthened safety nets by Government for needy patients who strike barriers to access arising from the failure of the MBS fee schedule to reflect practice costs. The triggers for these should combine both PBS and MBS expenditure and have lower thresholds than currently proposed.
5. Retain fee for service as the cornerstone of general practice funding with appropriate indexation reflecting practice costs, because it enhances productivity and empowers the consumer.
6. Implement the Attendance Item Restructure Working Group (AIRWG) 7 tier structure with proper funding on the basis that it improves quality, patient equity and safety.
7. Explore simplified supplementary payments. Supplementary funding will be required for population health, infrastructure support including IT and rurality.
8. Urgently develop a national approach to improving indigenous health through general practice.
9. Pursue adequate funding that will improve patient access by restoring the viability of providing general practice in the home, in Residential Aged Care facilities and after hours.
10. Enhance the recognition of and support for locum general practitioners.



11. Streamline all patients' access to health insurance rebates at the point of service by allowing for example online claiming and assigning of benefits to be available to all.
12. Further investigate and maximise the potential benefits of various team-based models of general practice.
13. Ensure exposure to quality general practice in the final years of university and through the promotion of voluntary participation of Post Graduate Year 1 and Post Graduate Year 2 in clinical general practice rotations.
14. Establish a transparent "profession owned" governance model for general practice vocational training with appropriate consumer input.
15. Fast track the adoption of a simple and affordable national medical registration process, which meets the needs of GPs including general practice locums.
16. Establish a simple portable approach to provider numbers specific for each GP.
17. Seek agreement from Governments to provide the GPRG with aggregate data to support workforce planning and quality activities in general practice.